

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

91414547

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	Cancel					
11		1				
12	Cancel					
13		1				
14		1				
15		1				
16		1				
17	I					
18	I					
19		1				
20		1				
21		1				
22		1				
23		1				
24	I					
25						
26	I					
27	I	1				
28	I					
29	I					
30	I					
31		1				
32	I					
33	I					
34	I					
35	I					
36		1				
37	Cancel					
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
61	1					
62		1				
63		1				
64		1				
65		1				
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	10					
TOTAL DEP.	40					
TOTAL CLAIMS	50					